FAMILY ROLE
AND
THE NEGOTIATION OF CHANGE
FOR THE AGED

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FAMILY ROLE AND THE NEGOTIATION OF CHANGE

FOR THE AGED

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Family Role and the Negotiation of Change for the Aged

Titles in the Series:

1. The economic impact of Canada's retirement income
    system.

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PREFACE

The problems presented by the impact of Canada's aging population are becoming increasingly more important. The economic impact of the nation's current arrangements for retirement income is a matter of concern. Then, there are the challenges of adequate housing, of health care and of a host of support programs. Finally, there is another area about which not sufficient thought seems to have been given. That is, the change which the aged and their families most inevitably cope with in the later years.

These and other aspects of the aging process were considered at a recent conference sponsored by the Gerontology Research Council of Ontario. A number of commendable papers were presented and subsequently published under the title "Research Issues in Aging" copies of which are available at $4.50 from the Council: 88 Maplewood Avenue, Hamilton, Ontario, L8M 1W9. The material in this booklet is based on one of these published papers, i.e. the text by Vern L. Bengtson of the University of Southern California. The National Advisory Council on Aging is indebted to the Gerontology Research Council of Ontario for the use of its material.

1. INTRODUCTION

It is not uncommon for people to face serious problems of readjustment, not only with respect to their own life-style but involving a spouse, older family members, or someone else close to them.

For example, a serious debilitating accident or illness usually causes some disruption in living to the victim, as well as to those close to him or her. This is particularly true with respect to people in their late years, so that any significant variations in their life-style require readaptation and negotiation by everyone involved. Equally, changes in family composition, life-style, etc., require similar readaptation and negotiation by the older persons when they impinge on him or her.

The purpose of this paper is to focus on some of the specific transitional and other changes encountered by older people, and the role played by their families in negotiating these changes.

2. THE NEGOTIATION OF CHANGE

2A. Change and Continuity

As Bengtson pointed out, it is well to emphasize the inevitability of change as people enter the later years. Normal aging involves continuous adaptation and negotiation of unanticipated events and circumstances: in the individual's own body, self, and roles, both in their inter-personal networks and in the broader community, society and future.

Table 1 suggests some questions which may be helpful to researchers and others in this area of needed family supports to elderly people.

Managing to cope with these changes is in itself a force for continuity, and the ability to do so is the product of one's personal history of adaptation, shaped by the inter-personal and social context in which one has developed.

Table 1: Critical Areas for Family Support
Systems and Aging

1. The who, what and where of family structure: Who is
    available as a needed resource for the older person?
    What is the relationship? Where do they live?

2. How much contact is there between the older person and
    his/her family? What do they do together, and how often?

3. What is the quality of family interaction? How does the
    older person fit in and feel about it? How does he/she
    feel about specific members of the family?

4. How much consensus is there within the family unit? Does
    the older person's opinions and values conflict or
    coincide with that of the family?

5. In terms of assistance, does the family act as a support
    system for the older person? To what extent does the
    latter provide assistance to the family?

6. To what extent does the older person depend on the family
    as a social system? How concerned and obligated are
    family members to the older person?

Similarly, the course of family life also involves inevitable change. As each family member grows and develops they, too, need to cope with changing relationships among the other members. The negotiation of these changes -- sometimes stormy, sometimes subtle -- takes place in the context of forces which also promote continuity. Age status positions ("mother" and "child"), norms and values transmitted from one generation to the next, family traditions or identities, the place of a particular family within the broader social system -- all these factors contributing elements of continuity to the negotiation of change.

2B. Socialization

Over a period of time, what is the process by which individuals and families learn to adapt and negotiate changes with, and between, each other? The term most often used to characterize such adaptation is "socialization", which may be defined as the learning of new behaviours and orientations appropriate to a person's new position or role. Two perspectives are involved in socialization and its mechanisms. One way has to do with the efforts of our social system and its institutions -- often termed "socialization agents" -- to prepare the individual for developing new roles: parents bringing up young children, teachers working with pupils,

helping individuals in their new role as prison inmates, hospital patients, or soldiers in military induction camps. The second perspective has to do with processes within the individual by which one learns new roles and adapts to new expectations. Such terms as "imitation and modelling", and "identification and internalization", are often used to describe these processes; but such terms do not really do justice to all that is involved in a person struggling to take on a new role. People often use novel ways to establish new roles. In any case, socialization is always a continuous process of social negotiation.

Socialization is most obvious during childhood, the period when the nicities of social behaviour are usually forces upon children. One must learn to say "please" and "thanks", talk only at appropriate times in class, speak politely, etc. But socialization continues through middle and old age. When moving into a different social position, new behaviours must be learned so as to occupy that position in accord with the expectations of others. However, there is one difference between early and later socialization, and that concerns the degree of influence one receives from the social system. In childhood, one is helped -- even forced -- to learn the new behaviours by such agencies of socialization as the kindergarten, the school, etc.: in late adulthood, one

finds few such agencies to teach new roles and expectations.
Perhaps that is what makes the transitions to the later years
so difficult. Just how does one begin to learn the basic
elements of a contended and happy retiree? a useful and
valued grandfather? or a busy time-filled widow?

In this sense, aging needs to be viewed as a career
rooted in continous, lifelong, relatively successful negotia-
tions of adaptations and changes in a variety of social
positions. Long ago the social scientist Max Weber observed
that a career is comprised of a series of related jobs,
arranged in a sort of hierarchy, through which a person moves
in a sequence. Old age has similar attributes of a career.
Transitions from worker to retiree, from mother to mother-
in-law, from spouse to widow, from healthy to independent, to
sick and dependent -- these are, more or less, the expectable
transitional problems of aging, each with its "job" in terms
of performance and expectations, each representing part of a
sequence, and each involving some form of the learning or
socialization process.

2C. Family as a Socializing Agent

Many of the career changes involve family roles, and
many of the transitions embrace the family as a socializing
agent. Current research usually focuses on the relationships
and transitions indicated in Table 1. The various factors,
of special interest to practitioners, researchers and others,
relevant to the unity and intergenerational solidarity in
families, and as applied to the elderly family member(s),
have been summarized by Bengtson and shown in Table 2.

Table 2: Measurable Variables of Family Intergenerational
          Relations and Solidarity

Aspects of Family Solidarity	Variables
Family structure across generations:	Number of living family lineage members of the subject (the elderly family members): - Children - Parents - Grandchildren or grandparents - Lineal relatives by marriage (children-in-law, parents-in-law) - Siblings and siblings' lineal relation Sex-lineage type (male-male; male-female; female-female; female-male) Number and type of lineal "fictive kin", i.e. outsiders, but considered by family as one of them Geograhical proximity of each of the above to the subject Household composition of the subject
Associational:	Frequency of interaction between subject and lineage members in common activities Type of common activities shared

Table 2 (continued)

Aspects of Family Solidarity	Variables
Affectional:	Perceived <u>quality</u> of interaction: sentiments of warmth, closeness, trust, understanding, communication, and respect <u>toward</u> the other
	Perceived <u>reciprocity</u> of interaction: sentiments <u>from</u> the other
Consensual:	Degree of similarity or conflict in <u>general values</u>
	Degree of similarity or conflict in <u>specific opinions</u> (political, social, or religious orientations)
	<u>Perception</u> of similarity or contract and/or conflict
Functional:	<u>Degree</u> of exchange of services or assistance between lineage members
	<u>Perception</u> of potential support or assistance between lineage members
Normative:	Instances of norms enacted concerning associational, affectional, consensual, or functional solidarity
	Perceptions of norms expected to be exhibited

3.   CRISES LEADING TO EXPECTABLE TRANSITIONS IN OLD AGE

The "career" of old age is frequently marked by four
circumstances or events which usually involve significant
adaptations for both the family and the older person. These
events, which may be anticipated in the sense that one only
has to live long enough for them to be encountered, include
when the children leave home creating the "empty nest";
retirement from income producing work; possible incapaci-
tating illness requiring institutionalization; and disruption
of the marital union through death or divorce. Each of these
events requires radical adjustment of life-style; each
involves socialization, i.e. learning new behaviour through
dealing with feelings which flow from these new social
situations. Each involves other family members as willing or
reluctant participants in the negotiation of these changes.
Let us consider each in turn.

3A. Child Launching

The first transition is the most predictable, although
probably least discussed: living long enough to see the
children move out of the family home. For some women this
can represent a major switch of roles with a concurrent
challenge to self-worth and sense of usefulness, sometimes

with unanticipated consequences for psychological well-being. Researcher Pauline Bart, wrote an article showing a connectiong among middle-aged women between mental breakdown and loss of children from their home.

In her study of 533 women hospitalized for the first time for mental illness, she found a high incidence of depression among "empty nest" females whose lives had been that of the traditional mother and housewife, and whose self-esteem had been threatened by the loss of the maternal role: "Because the most important roles for women in our society are the roles of wife and mother", says Bart, "one might predict that the loss of either of these roles could result in loss of self-esteem -- in the feeling of worthlessness and uselessness that characterizes most depressives". She also notes that women whose identity and sense of self is derived mainly from their role as mothers, rather than their roles as wives or wage-earners, are in a difficult position when their children leave and former patterns of interaction become displaced. Some of them, she points out, have personalities too rigid to enable them to make this change. Others take on a "sick role" as an alternative to their confusion, as exemplified by one of Bart's cases:

A middle-aged women, upon hearing that her daughter was
living with and planning to marry a Mexican unemployed
"Communist", thought she was dying, that her heart was
failing, and was admitted to hospital under the care of
a cardiologist. While she recognized that the cause of
her illness was psychological, since her daughter had
"broken her heart", she defined herself as physically
ill and in need of medical, rather than psychiatric
care. She received no support in this definition. Her
cardiologist and her family interpreted her behaviour as
emotionally based and, upon release from the hospital
where she was treated with sedatives and diagnosed as
having tachycardia, she began psychiatric treatment.

Of course, the leave-taking of children can be a welcome

opportunity for new freedom. The fact is that, while the

empty nest results in negative psychological outcomes for

some women especially those with intense investment in

mothering, the great majority of women face no such crisis

when their children leave home. Evidence from other research

suggests that, if anything, women in the postparental stage

experience higher morale than do those with children still at

home.

Men, too, can be touched by such family life cycle

crises. It has been shown, for example, that unemployed men

without adequate income registered an understandably lower

morale if they still had children at home than if they

didn't.

3B. Retirement

Men's self-esteem is also challenged by retirement from the regular work force, as will women's also as their number in the work force increases. Bengtson quotes a 55-year-old steel worker who had just retired:

> "I'm glad to be through with work because I couldn't take it any more. But now my friends don't know what to call me. They kid me about being an old man, and I don't feel it ... My wife doesn't know what to do with me, says I get underfoot being around the house all the time ... I guess I've got to find something to do. A man my age shouldn't just sit around."

A 69-year-old wife in another study by Bengtson and Kuypers[1] commented on her husband's retirement:

> "The only tension in our family is because of my husband's retirement! He got restless and irritable because work has been his main outlet in life. I didn't know what to do until he went out and got another job. I don't know what will happen if he loses that. I know I'll go crazy!"

Nevertheless, studies of adaptations to retirement have not documented the high incidence of trauma so often associated with leaving work. Indeed, they tend to show that successful negotiation of this seemingly dramatic change in life-style appears to be the rule.

3C. Widowhood

A third and predictable crisis of old age for married (or unmarried!) couples is the loss of a partner through death. While this particular termination has been preempted by the increasing number of divorces, and the two events are obviously different, they nevertheless share the common features of mourning a loss and adaptation. Each involves adaptating to living alone, coping with the psychological aspects of bereavement, and an altered sense of self. Living alone is an increasingly likely condition in old age. By age 65, three out of five women in American are without spouses, and by age 75 the figure is more than four out of five. About one in three men over age 75 is a widower.*

The normal process of bereavement usually includes anxiety, anger, guilt and depression. Bereavement may involve a relatively short-term loss in feelings of well-being, or it may linger. One study of widows found that 48% had "adjusted" to their husband's death by the end of the first year, while 20% had not and did not expect to. Another

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* Figures from 1981 Census reveal that in Canada there is 662 210 widows of age 65 and over and 363 935 widows of age 75 and over for a total number of 1 350 125 women of age 65 and over and 544 185 women of age 75 and over. Regarding men of age 75 and over, there is 86 245 widowers for a total of 339,050 men.

study found that those who had become depressed were more
likely than others to complain of poor health a year later.
Of course, dealing with bereavement is also a process
involving other family members. Having lost a spouse it may
be equally painful for the middle-aged "child" to witness the
surviving parent's continuing preoccupation with the death of
his/her spouse. In an intergenerational study one such
"child" responded to the question "What do you and your
parent disagree about most?", as follows:

> "It may be strange, but we argue most about what she
> should do now that dad's gone. It's been two years now
> and she still sits and broods over it. She's an attrac-
> tive woman at 66 and there are lots of men who belong to
> her church that show interest in her. But she won't do
> anything and won't even go to church except if we take
> her."

Her mother, responding to the same question voiced her view
from another perspective:

> "My daughter keeps trying to get me to forget the past.
> I had a wonderfull marriage to a man and the Lord took
> him Home. I'm not interested in anyone else."

Although kin may be a resource in bereavement, it is also
true that lifelong relationships with in-laws, for example,
can fade with the loss of the living link between families.
Without parental intervention, sibling rivalries may escalate
into bitter breaches. A surviving parent may turn to

children in place of the spouse, calling upon them as confidantes and helpers, or offering well-meaning but unwelcome instrusions. In short, death demands difficult interpersonal adaptations.

3D. Physical Incapacity

Chronic health disabilities present another kind of crises to cope with in the later years. Being disabled usually severely limits participation in household and other activities such as shopping, banking, etc. Moreover, the health problems of older people give them less time for hobbies and social activities, whether inside or outside the house. This reduction in day-to-day activities presents a serious threat to their mental health and well-being. Studies have shown, for example, that the families of the disabled cannot really compensate for these disabilities. Apparently extended families of the disabled seem to provide no more money, assistance, or companionship than do families of those in good health.

Then there are those whose incapacitating illness requires hospitalization, followed by placement in a nursing home of one kind or another. Yet it is true that, while half of Americans over the age of 65 have a major health

incapacity, only fewer than 5% are institutionalized!
Nevertheless, the older one becomes, the greater the
likelihood of serious illness and institutionalization.

But whether an aging parent is institutionalized or
cared for by the family at home, both arrangements have
advantages and disadvantages. One U.S.A. national study
surveyed grown children who had parents living in an insti-
tution. For each group, one-third identified at least one
problem with the arrangement. Those with parents at home
spoke of interpersonal conflicts and restrictions on their
privacy and freedom. Those with institutionalized parents
spoke of how the distance between their home and the insti-
tution discouraged visits, of how they felf worried about the
relative. Interestingly, those who had encouraged institu-
tional care were later less certain that they had been
right. For both grous, their main satisfaction with the
arrangement depended on the parents' subsequent attitude.
Thus, from the mental health point of view, parental inca-
pacity poses challenges not only for the parents, but also
for their children.

Although the prevailing view of most people is to
maintain the independence of the elderly by trying to assure
that they remain in the community, it is not always clear

that community living is to be preferred over the institution. For example, a large Manitoba study of older persons reported a suprising discovery.[2] Given comparable levels of illness and disability, the institutionalized aged were less likely to report themselves to be in poor health than were other older persons. The researcher suggested that the institutionalized aged maintain this perception of their good health because nursing homes are organized so as to minimize the disruptions of physical incapacity. Neverthe-less, the emotional impact of the adult "child" who has experienced the placement of a parent in an institution is not uncommon, as illustrated in the case of a 64-year-old daughter whose 92-year-old mother was institutionalized. She spoke of the "unexplored territory of being a child to an aging parent":

> "The guilt feelings suffered by so many children have different sources: That the individual isn't living up to his or her ego-ideal (such as) some ethical concept of filial behavior that directs one to be loving, attentive, patient, and dedicated to the parent's care. In conflict with that is the natural need for one's own growth and survival which, when frustrated, results in resentment, anger, even hatred, which (then) is turned inward. The resulting depression hampers even further the healthy handling of the situation."

4.   AGING PARENTS AND FAMILY RELATIONS

If change is inevitable and often painful, and if
negotiation between generations is a continual, if unac-
knowledged, part of family life, what are some of the
characteristic issues facing families who are coping with the
problems of their aging parents? Adapting to old age is a
process involving both family and the aging parents. Three
issues are characteristic of this process involving tensions
of independence versus dependence, connectedness versus
separateness, and openness versus privateness.

4A.   Independence versus Dependence

At each stage of one's personal development there is a
constant struggle: the need to feel and be independent, as
against an equal need to feel and be dependent. A major
influence contributing to the mitigation and resolution of
this independence/dependence conflict is the family. For
example, consider the young child who, at one moment is
trying things out on his own, and the next having to turn to
mother for help; or the teenagers who demand authority, only
to act irresponsibly and requiring family intervention.
These are recurrent issues throughout the life cycle and
operate no less in the later years as the independent older

adult encounters dependency resulting from retirement, widowhood, sickness or disability. Coping with these changed circumstances usually requires major adaptations by both the individual and the family if reasonable harmony is to be achieved and independence maintained.

> An elderly father had been living with his family for many years. His way of maintaining independence, since he had no financial resources, was to secure an agreement that he would be responsible for the gardening, washing the dinner dishes and preparing the breakfasts. Over the years, this routine had provided for him a number of very important roles -- gardener, dishwasher and cook -- which he tenaciously maintained, despite the family's frequent efforts to "retire him".

> Although his trembling hands resulting in chipped dishes, and his failing memory became a source of -- to say the least -- unexpected and unorthodox breakfasts, the family recognized their father's need to be independent and to play his part in the household.

4B. Connectedness versus Separateness

The struggle for independence between the two generations is a two-way street, often reflecting the tension between connectedness (to one's family) and separateness (maintaining an identity or style of life that is uniquely personal) reminiscent of the adolescent-parent conflicts.

Through excerpts of a letter to a mother from a 40-year-old daughter about to separate from her husband, Bengtson illustrated a dramatic case of the need for intergenerational separateness and independence.

In response to an earlier letter from her mother, the daughter castigated the mother, saying that over the years she had called her every sort of name thinkable and continued to do so.

"However, she said, this letter is to inform you that I shall no longer have any contact with you. To make sure that you understand why I have made this decision, the reasons are as follows: you have denied my validity and integrity as a person; you have attempted to destroy my self-respect and belief in myself; you have undermined my emotional strength and stability; and, most importantly, you have shown me no love and understanding, even in moments of greatest crisis. In short, you have not been a mother to me for the last twenty-three years and I have reached the conclusion that you are both unwilling and unable to ever be a mother to me again."

The daughter concluded:

"As you so consistently pointed out to me over the past twenty years, self-preservation is a basic law of life. Therefore, I will never again put myself in a position where you can devastate me emotionally. I want nothing whatever to do with you forever more. If you write to me, I will destroy the letter. If you call me, I will hang up. If you come to my house, I will refuse to see you."

In a large U.S.A. national survey of this question of connectedness versus separateness, one respondant illustrated the problem of treading a thin line between the two:

."It is hard to strike a happy medium (between offering too little or too much support). I think I tried to 'help' too soon. My parents could have managed without me much longer and we would both have been happier."

Other respondents focused on communicating the need for
separateness from the standpoint of the older generation as
this 65-year-old woman:

> "First and foremost there is a deep need by the parents
> to keep in contact with the child. At the same time,
> the child and the parent must each carry their own
> reponsibilities, be independent, and each live his own
> life with his own interests and activities ... (Parents
> should) become involved in groups outside the family so
> in later years when one is alone there wil be groups of
> friends and individual close friends."

4C. Openness versus Privateness

Becoming a widow, retiree, "empty nest" parent, etc.,
may cause the older person to wonder if family members may
disapprove of their new ways of behaving or with whom they
may have become involved, thus causing them to be secretive
and a source of puzzlement for the family. Bengtson cites
this example:

> "Aunt Martha began acting strangely a year ago, after
> her husband's death following a long illness. Not only
> would she refuse invitations to go out but was very
> reluctant to allow us to visit any more. One day I
> stopped by to see her anyway. While she was downstairs,
> I saw she had replaced her twin bedroom set with a
> gigantic king-size bed!
>
> I teased her about it: 'What is a 74-year-old widow
> doing with a new king-size bed?' She got very angry and
> said she didn't think it was any of my business. She
> was sick and tired of the family's moral judgements
> which she had endured all her life! Then she calmed
> down and told me. The man next door, a retired
> physician whose wife had died several years before, had

begun "calling" on her. She felt so good about it. 'I was a loyal wife for 53 years and it wasn't no picnic, believe me, especially when Andy got sick. Now I'm having some fun for a change'."

Privacy may become an increasingly precious commodity to older family members facing new dependencies. Retirement, widowhood, sickness, and institutionalization often create affronts to privacy:

"Now that I'm retired it seems that everyone has something to say about what I do. I have to get out and take long walks just to get away from them fussing because I'm not 'doing something constructive'."

Or:

"I know there would be many problems after my husband died but I didn't know I would have to put up with too much attention. My daughter means well, but she thinks I'm lonely when I'm not, and I can't bring myself to tell her I'd just as soon 'do my own thing'."

Or:

"The problem around here (a nursing home) is you can't get away from people you don't want to see. They want to run your life."

But perhaps more frequently mentioned than the desire for privacy is the plea for more openness between generations. In the national survey mentioned earlier, respondents were asked the question "What concerns do parents have about relationships with their middle-aged children?". These two replies from a 70-year-old woman and an unmarried older sister were typical:

"Lack of communication with parents about personal affairs, i.e. surprise marriage -- break-ups -- parents last to know. Often the last one they go to when they should be the first. Do not take advantage of experience of parents in may areas of living."

"The first concern is that children cannot be relied upon ... because the children do not give parents that assurance in words ... Children who marry at an early age, or who live away from home, never have the experience of knowing their parents as friends. They remember parents as authority figures only, (which) stops the growth of the parent-child relationship before the friendship level is reached. My response is: Show interest in what your parents are doing. Be a good listener. Treat them with the same courtesies, respect and civilities you give to neighbors or fellow workers. In other words, act toward one another openly, as equal personalities."

5.   CONCLUSION

Normal family life involves continuous negotiation and dialogue between the older and younger generations as each stage of the life cycle presents its particular difficulties and problems. This inevitably involves disagreement and conflict. In many families, conflict is seen as something bad, as indicating disruption. Yet dealing with the new and challenging circumstances which arise in the later years calls for a continuous negotiation of the normal and inevitable tensions which arise as a result of the recurrent issue of independence versus dependence.

It is a widely accepted belief that close intergenerational ties are, in themselves, a source of sound mental health for older family members. To be sure, many elderly people whose lives are closely interwined with kin, derive considerable emotional and physical satisfactions from this way of life. But as research has also shown, this is certainly not always so when intergenerational differences and conflicts remain unresolved and continue to fester, or when families are a continues source of irritation or indifference to the older member.

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